SECOND ANNUAL REPORT

OF THE

SOCIAL SERVICE DEPARTMENT

OF THE

MASSACHUSETTS GENERAL HOSPITAL

OCT. 1, 1906 – OCT. 1, 1907

Showing residences of members of the Suburban Tuberculosis Class.
Each black dot represents a patient.

Second Annual Report

OF THE

Social Service Department

OF THE

Massachusetts General Hospital

October 1, 1906, to October 1, 1907

The Section on Tuberculosis by

Dr. JOHN B. HAWES, Jr., and Dr. CLEAVELAND FLOYD

The remainder by

Dr. RICHARD C. CABOT

The Fort Hill Press
SAMUEL USHER
176 TO 184 HIGH STREET
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STAFF

Head-Worker

Miss GERTRUDE L. FARMER, October, 1906, to March, 1907.
Miss EDITH N. BURLEIGH, March, 1907, to October, 1907.

Visitor (one-half time)

Mrs. O. B. HAZLETT, March, 1907, to September, 1907.

Volunteer Visitor in Wards

Miss MARGARET WARREN.

Volunteers

Miss ELINOR DODGE.
Mrs. W. G. PAGE.
Miss AMELIA TILESTON.
Miss GERTRUDE FOX.
Miss IDA M. CANNON.
Miss R. R. MCCRILLIS.

Stenographer

Miss BERTHA L. EATON, July, 1907, to September, 1907.

Volunteer Teacher of Hygiene

Miss MARY O. CLARK.

TUBERCULOSIS WORK

Physicians in Charge

Dr. JOHN B. HAWES, 2D.
Dr. CLEAVELAND B. FLOYD.

Volunteer in Charge of Tuberculosis Classes

Miss EDITH N. BURLEIGH, October, 1906, to March, 1907.

Nurse for Tuberculosis Classes

Miss MARY A. MUNRO, March 15, 1907, to October, 1907.

Tuberculosis Volunteers

Miss GRETCHEN HOWES.
Miss EVELYN GARRETT.
Miss MARY C. HALL.
Miss FRANCES W. VALENTINE.
Miss K. O. FLETCHER.
Mrs. WILLIAM SHEPARD.
Miss ELEANOR S. PARKER.
Miss ELIZABETH WITHERBEE.
Miss ELEANOR G. GOODWIN.
Miss CATHERINE RUSSELL.
Miss KATHLEEN MICHAELIS.
Mrs. WALTER E. PIPER.
Mrs. F. S. HARRADEN.

I. WHY ARE WE HERE?

An out-patient department is a wonderful machine for locating that public enemy, disease, and for taking accurate aim at its intrenchments. There is probably no better machine in the world. But shall we not fire when we have aimed? Must not efficient treatment measure the success of our whole plant and staff?

Surely.

But will any one maintain that hospital dispensaries are now successful or efficient in the treatment of the great, common curable diseases (tuberculosis, dyspepsia, neurasthenia, varicose ulcer, heart disease, joint disease) that sent seven thousand patients to the Out-Patient Department last year?

Surely not.

We make splendid preparation for the attack on disease. We know exactly where to go, but the expedition does not get under way.

The Social Service Department of the Massachusetts General Hospital is trying to fire the well-aimed guns, to start the well-planned expedition, to dislodge and scatter the enemy so accurately located by our diagnostic field glasses and range-finders.

The hospital campaign against the above-mentioned diseases does not start because the *hospital and its staff cannot move*, cannot go beyond their own fixed position. To attack phthisis, infant malnutrition, neurasthenia, one must grapple with them in the *home*, where the hospital physician has no time to go. We must get money, assistance, and advice, which he has no time to seek. Can a hospital superintendent or a hospital physician go canvassing to find an employer who will take a man with a good head but a diseased heart, or seek a muscle position for a deaf man with good muscles?

To finish good work well begun but left hanging, to finish it by enlisting through social workers the aid of the whole community intelligently focused on the actual and future needs of each patient, is the object of our Social Service Department.

Scope and Variety of Our Problems

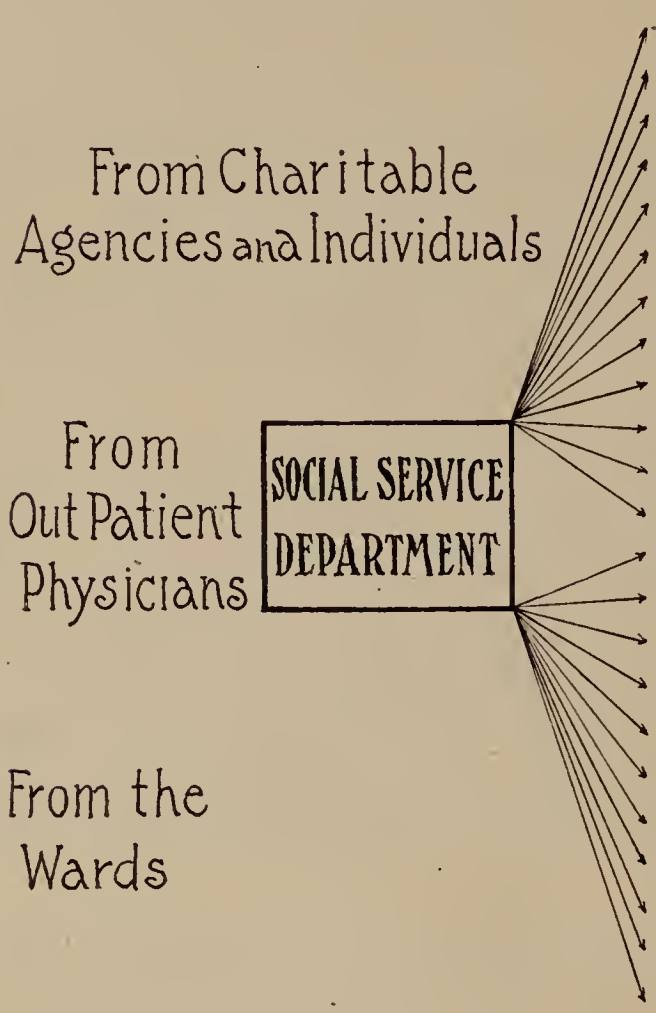
Since drugs have been so largely discarded in the treatment of disease, cure has come to mean largely *education*, *prevention*, and *financial help*. For these purposes the Out-patient physicians sent during 1905–1906 a total of 683 cases to the Social Service Department. In 1906–1907 they sent us 1,441 cases.

The main divisions of our work and the number of patients attended to on each division are shown in diagram on opposite page.

II. OUR WORK AS A DISTRIBUTING CENTER

During this our second year's work we procured help for our patients through one hundred and sixty-four different charities, hospitals, district nursing associations, etc. We doubt whether any other distributing center is in a position to use more effectively the rich resources of Boston and its vicinity.

1. Ninety-six patients not admissible to the Massachusetts General Hospital were sent by us to twenty-four other hospitals (exclusive of those for tuberculosis):



Tewksbury Hospital	15 cases
New England Hospital	10 ,,
Holy Ghost Hospital	8 ,,
Baptist Hospital	7 ,,
Burrage Hospital	9 ,,
Samaritan Hospital	7 ,,
Long Island Hospital	5 ,,
Carney Hospital	4 ,,
Boston City Hospital	4 ,,
Eye and Ear Infirmary	5 ,,
Mt. Sinai Hospital	3 ,,
Vincent Hospital	2 ,,
Floating Hospital	3 ,,
St. Monica's Hospital	2 ,,
Adams Nervine	2 ,,
Free Hospital for Women	1 case
Children's Hospital	1 ,,
Monson (Epileptics) Hospital	1 ,,
Baldwinsville (Epileptics) Cottages	1 ,,
Waltham Hospital	1 ,,
Gallup's Island	1 ,,
St. Mary's Infant Asylum	1 ,,
Foxboro Hospital	1 ,,

Fifty-five other patients less ill than those grouped above were distributed by us to . . . . .

Milton Convalescent Home	18 cases
St. Luke's ,, ,,	16 ,,
Waverley ,, ,,	11 ,,
Wellesley ,, ,,	10 ,,

To pick out the right hospital for your patient and the right patient for your hospital means understanding the individuality of each hospital and of each patient, and needs expert knowledge which few possess, especially as an old hospital sometimes shifts its point of view and new hos-

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7. Children's Societies . 35
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2. Cases possibly able to pay physician . . 1

*Items in brackets refer to work planned but not yet carried out.

pitals spring up each year. Any slip, any lack of up-to-date knowledge of the twenty-four hospitals surrounding us, means failure and rebuke.

2. Besides the hospitals and convalescent homes we can get care for our patients through District Nursing Associations, many of which have sprung up during the last few years. We referred in 1907 sixty-five patients to the following societies:

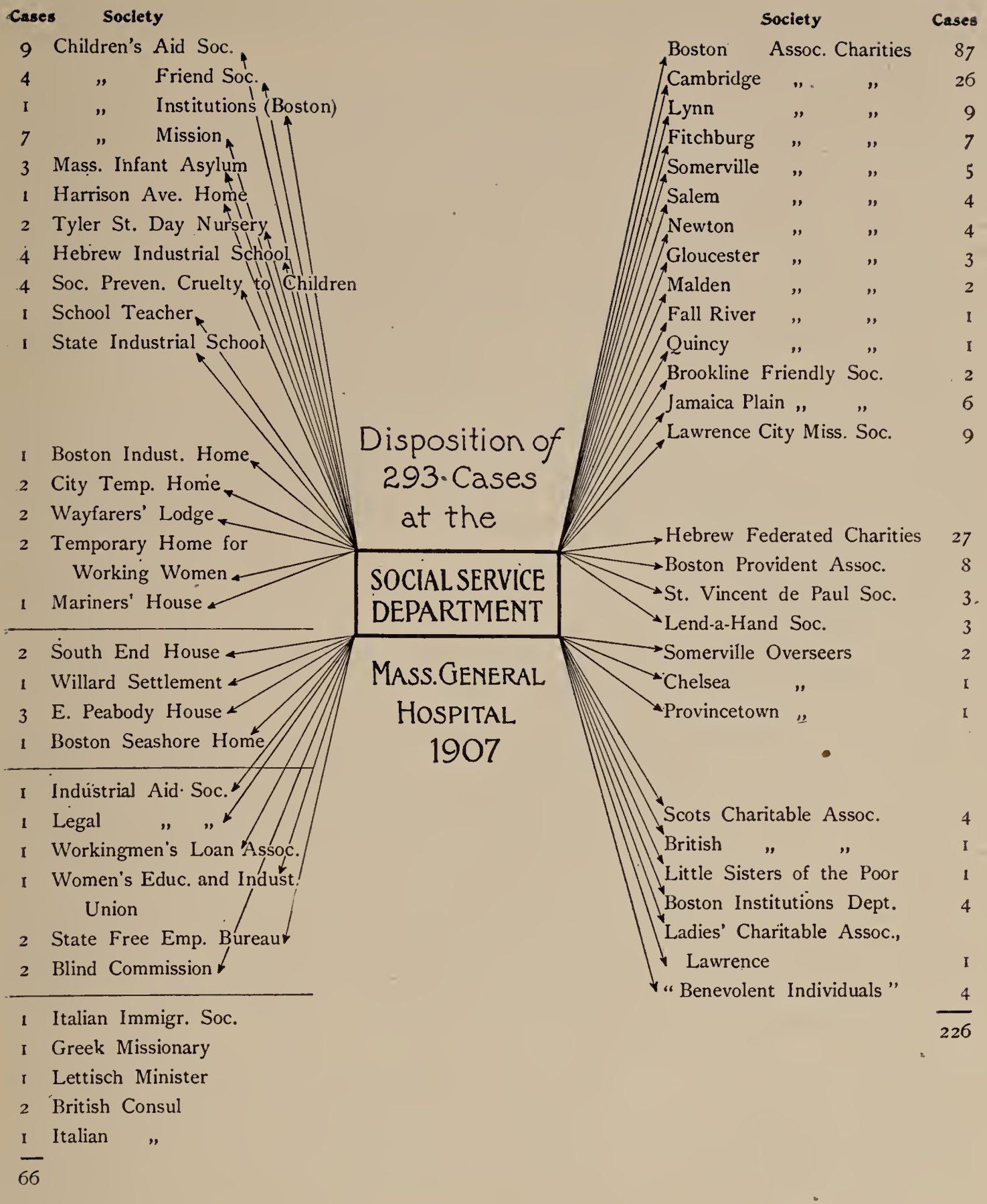
65 Cases → referred to

Boston District Nursing Association,				39	cases
Woburn	,,	,,	,,	6	,,
Somerville	,,	,,	,,	5	,,
Cambridge	,,	,,	,,	4	,,
Lynn	,,	,,	,,	3	,,
Winchester	,,	,,	,,	2	,,
Waltham	,,	,,	,,	2	,,
Canton	,,	,,	,,	2	,,
Watertown	,,	,,	,,	1	case
Gloucester	,,	,,	,,	1	,,
Deaconess' Hospital Nurse			. . . .	1	,,

Twelve other patients were referred by us to the *Boards of Health* of Massachusetts (state), Boston, Arlington, Fitchburg, Malden, Maynard, and Watertown, eight to the city physician, and thirty-nine to private physicians.

So far I have referred to our work in finding medical treatment for patients who could not get it from the Massachusetts General itself. But another large group of patients needs help from one or another charitable agency and must be guided skillfully if they are to get what they need. Often we refer a patient to several different agencies at once — one for temporary shelter, another for the fundamental study and investigation of his social and financial situation, another for help in getting employment, another for medical advice. To select a group of remedies which shall harmonize to form a chord, — not a discord or interference, — a chord expressing just what we want, is a delicate and difficult business, needing knowledge of many societies and of all the persons, temperaments, and obstacles concerned.

The following diagram illustrates the variety and the proportions of this work, but cannot even suggest the good which comes of it for individuals:



III. "STEERING," "SHOVING," AND "FOLLOWING UP"

To help people indirectly by directing them to the best source of assistance is what we call "steering." The following case illustrates it:

August 12, 1907, a consumptive Scotch stone cutter came to us straight from Maine, where he had stayed in the state sanatorium (aided by his brothers of the Masonic order) until his total stock of savings was reduced to $50. Home treatment in Dr. Pratt's class was suggested, but was

obviously too expensive for a man with a wife and two children, with a total capital of $50.

What alternative? It appeared that the patient had relatives in Scotland who were able and willing to care for him provided his transportation could be paid. All things considered, this appeared the best solution, and we addressed ourselves to the task of getting his passage money.

1. He was a member of the Granite Cutters' Union, and to them we applied for help. This was refused because the Granite Cutters had been told that the Scots' Charitable Society would care for all Scotchmen.

2. To the Scots' Charitable Society we accordingly applied and thence obtained $15 towards our patient's passage money.

3. He was a Mason, and to the Masonic order we next went to beg some money. The Masons refused any help because they were not sure that he was a Mason, though he had papers from the Masonic orders in Scotland and in Maine. We wrote to the Masonic order in Maine, but obtained no answer.

4. We applied to the Devens Fund through Laurence Minot, Esq., and obtained $25.

5. From the Boston Provident Association we received $10 and some clothes.

6. Next we tried the British consulate and were referred to the British Charitable Association, who obtained for our patient half-price tickets to Liverpool (the equivalent of a contribution of $37.50).

7. Dr. F. W. Peabody, one of the hospital internes, begged $12.50 to pay the fare from Liverpool to Aberdeen.

8. Meantime the patient's baggage had been in storage at the wharf where he landed from Maine. By a letter to the manager of the Eastern Steamship Company we obtained free storage for this baggage till the date of his departure for Scotland.

Devens Fund,	$25.00	Passage to Liverpool,	$37.50
Scots' Charitable,	15.00	Fare, Liverpool to Aberdeen,	11.10
Provident Association,	10.00	Balance for food,	13.90
Dr. F. W. Peabody,	12.50		
	$62.50		$62.50

Meantime, through a "benevolent individual,"* we obtained fresh eggs for the family, and through the Children's Aid Society a baby carriage, that the baby might be kept outdoors; but the baby got sick and had to be cared for at the Massachusetts Infant Asylum till the family sailed.

All this took just sixteen days; August 18 he sailed for Scotland.

* Mrs. Reginald Foster.

The agencies and individuals canvassed for this patient's benefit were as follows:

Granite Cutters' Union.
Scots' Charitable Society.
Masonic Order of Boston.
Masonic Order of Maine.
Devens Fund.
Boston Provident Association.
British consulate.
British Charitable Association.
Children's Aid Society.
Dr. F. W. Peabody.
Mrs. Reginald Foster.
Former employer in Maine.
Former minister in Maine.
Manager Eastern Steamship Company.

Since his return to Scotland we have had happy letters from him. He seems to be very well off.

The next case exemplifies what I call " shoving ":

A mother brought in her feeble-minded child; he bites, scratches, and throws things at people. The neighbors are afraid of him; she fears he may kill the baby. In many communities such a case would present a difficult problem; in Massachusetts, with Dr. Fernald's splendid care of such cases at the state institution at Waverley, the solution is easy and satisfactory but for the obstacle of overcrowding. June 26 the application blank relating to the child was filled out by Dr. Townsend and sent to Waverley. Next day Dr. Fernald wrote us that the institution was greatly overcrowded, with many children sleeping on the floor and a long waiting list. He cannot admit the applicant before fall.

July 9 another child for whom we had secured a place was withdrawn by its parents. We wrote at once and claimed that place. This was agreed to, but the place thus secured was only a place on the waiting list.

July 15 we got the parents to come and sign the application blank, which was taken next day by our visitor to Mayor Fitzgerald's office for his signature. The mayor was away and no one else could sign the paper, so it was left to await his return.

July 23. The mayor has returned and signed the paper. We sent it at once to Dr. Fernald.

September 14. We telephoned Dr. Fernald, " Is the patient there? " and were answered, " No, not yet. Application papers had been sent to the governor for signature, but not yet returned."

December 21. Child's mother is in despair after six months of suspense and alarm. Yesterday the child threw a knife at the baby and

cut her just under the eye. Can nothing be done? We wrote again to Dr. Fernald and stated the facts.

December 26. At last comes the joyful news that the child can be admitted. We notified the mother at once, and December 30 the child was finally admitted.

January 28, 1908. The child is contented and happy at Waverley and the mother is greatly relieved.

A young girl with tuberculosis of the spine was brought us from the orthopedic department sheathed in a plaster-of-Paris jacket. The doctor wants to know whether her home conditions are reasonably hygienic.

Our visitor called at the Salem Street tenement where the little girl lived and found that her father was at the State Farm " for drunkenness and non-support." The girl sleeps with her mother in the middle (dark) room of the tenement, eats little, some days nothing. Sits on the fire escape.

In view of these conditions, Dr. McAusland, of the Orthopedic Department, arranged to get her into the Samaritan Hospital, where she stayed two months. It was then necessary to move her to some other place. The Burrage Island Hospital receives such cases, but application must be signed by a parent. Our visitor took the application blank to the mother, but she refused to sign it without the consent of her son, a piece-work chair-varnisher, who supports the family. She does not know his address, but will get it. In a few days the visitor called again, obtained the son's address, sought him out at his shop at Charlestown and explained the Burrage Hospital blank to him. He promised to get his mother to sign it and to send it to us, but two weeks later it had not come, though the son claimed to have mailed it. Another blank was sent, which was finally signed and returned to us.

A week later the son called at the Social Service Department and reported that on the previous night he had received notice that he must have his sister ready at Rowe's Wharf at 10 the next morning to take the boat to Burrage Island. Though the notice was short, he succeeded in getting her off, but with no clothes except those that she wore. He came to us now to know whether she would need more clothes and whether special permission to visit her on Sunday (against the rules) could be obtained for him, as he could not leave his work on week days. Both these needs we succeeded in supplying.

I have quoted the details of this case in order to show how burdensome but how necessary is the work of " shoving " and of " following up."

IV. TUBERCULOSIS

The work of the suburban tuberculosis classes has been carried on by very much the same methods as during the year 1905–6, *i. e.*, by (1) weekly clinics at the hospital; (2) diary records of patient's progress; (3) visiting and instruction at home by the nurse. The general trend of the work has been to make the classes themselves subordinate to the broader aim of rousing the suburbs and outlying districts to care for their own consumptives.

As was stated in our last report, we had at first one class, meeting once a week; later, two classes became necessary, and toward the end of the year a third class, for children, was instituted. These classes met on Tuesdays, Thursdays, and Saturdays respectively. To the Thursday class belonged those who were following the treatment strictly, giving up their work and everything else to the one occupation of getting well. On Tuesday came others who found it impossible to give up their work, or who refused to do so, certain cases reporting once a month for observation, ex-Rutland patients, and those graduated from our other class; Saturday was reserved for children, the proper care and treatment of whom presented a large problem. Some patients came twice a week for tuberculin in diagnosis and in treatment.

Although the class system, as explained in our last report, and by papers by Pratt,* Hawes,† and others, has been maintained and has proved its practical efficiency during the past year, certain modifications have been made. We have found it wise to have one trained salaried worker to visit our patients and to supervise the work done by our volunteers. Our work has become more and more suburban work, until now it is entirely so. Our volunteers are used for cases far out of town, and especially in those localities where we are trying to arouse local interest. We have made every effort to get in touch with local associations and agencies of all kinds, and in many instances have obtained their coöperation and support.

As regards treatment itself, we have altered our views to a certain extent in regard to *outdoor sleeping*. While still firm believers in actually sleeping out of doors as the ideal form of treatment, in many instances this is a practical impossibility, and rather than lose entire control of the patient we have allowed him to sleep indoors. Wherever the patient can sleep out without actual hardship to himself or to others we have advised it, but we have not made it a hard-and-fast rule. The parlor in many instances has been turned into a sleeping room and its bay-window thrown open to the air and sunlight for the first time in many months.

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* Pratt: Boston Medical and Surgical Journal; Journal American Medical Association.

† Hawes: Journal Outdoor Life, February, 1907; New York Medical Journal, September 14, 1907.

As to food, we no longer demand that a patient should take one and a half or two quarts of milk a day, or stated amounts of olive oil; more and more we are making each case an individual problem and modifying our methods to suit that particular case.

As to work, we often regret that our patients have to go back to work so soon, before we are willing to have them do so, but we have to recognize that we are often confronted by a social problem rather than a purely medical one. How long is it wise to allow a family to be supported by charity before the wage-earner is allowed to earn something for himself? This question cannot be answered by adhering to a definite rule that no one is to return to work until he has been without fever, a high pulse, and without signs of active disease in the chest for one or two months. On the whole, this does not always seem a practical solution. Before deciding such a problem as this one way or the other we have held a conference of all the people concerned and tried to settle it as fairly as possible. It is perhaps a pessimistic view of the situation, but to us it has seemed more and more evident that it is education of all classes, stimulation of all cities, towns, and villages in the modern treatment and care of tuberculosis, and the education of the individual patient so that he will not infect others, rather than his cure, which are the issues of paramount importance in this work.

Tuberculin

(*a*) *In Diagnosis.* Tuberculin has been used in diagnosis in a great many cases during the past year. The writers published the result of this work in an article * giving every detail of the process; those who are interested in the use of tuberculin for diagnostic purposes will find our views as to dosage, dilution, etc., there given, and any information will be gladly given by the writers.

We give here our conclusions in regard to the use of tuberculin in diagnosis in a large out-patient clinic:

1. That tuberculin given by men properly trained and qualified to use it is an agent of great value in the early diagnosis of tuberculosis.

2. That it should be used only in carefully selected cases when we cannot arrive at a definite conclusion by the use of other diagnostic methods.

3. Used in selected cases with an initial dose of not over 0.1 milligram it is not in any way dangerous.

4. That while it is perfectly practicable to use tuberculin to advantage and to get good and trustworthy results in an out-patient department

* Hawes and Floyd: Boston Medical and Surgical Journal, May 30, 1907.

among ambulatory patients, it is better to have beds in the hospital for this purpose.

5. That it is much easier to get good results and to give tuberculin properly if the patients are treated in groups or classes.

6. That if a patient has a history and signs that lead one to suspect but not to be sure of tuberculosis, and in addition to this reacts to tuberculin, he should be treated as any other early case of consumption is treated, and furthermore the exact state of affairs should be explained to the patient or to his friends.

Tuberculin for Therapeutic Purposes

This was started in October, 1906, under the instruction and constant advice of Dr. E. L. Trudeau, of Saranac, N. Y. He has provided us with the tuberculin used, a bouillon filtrate prepared in his own laboratory, and has been of the greatest help to us throughout. Following his instructions we have proceeded very cautiously, and by so doing have avoided all severe reactions, constitutional or local, in practically every case. The disadvantage under which we labored, and it was no small one, was that most of our patients came only once a week and so required many months before they reached doses from which much was to be expected. During this time many patients to whom we started to give tuberculin went to work or were sent elsewhere, and we were obliged to discontinue the treatment. Because of these circumstances our results in a year's time are somewhat meager. We are, however, convinced of the value of tuberculin as a therapeutic measure and intend to continue its use.

The Sanatorium v. Home Treatment

In our last report we stated definitely that the ideal plan for any early case of consumption was to go to some sanatorium for a period of months or even years, and there learn how to live. We should not now make any such clear-cut statement as this, and while we have not yet taken the exactly opposite stand, we are now firmly convinced that to send every case of early tuberculosis to a sanatorium is not a wise procedure. At present we feel that early cases who are so situated financially, socially, or otherwise that they cannot take home treatment, and certain others of such mental caliber that they are unable to cope with the numberless details of this life at home, or to coöperate with the doctors, and in addition, most children, are types of cases which are much better off in a sanatorium than at home.

The great difficulty which we meet with in the sanatorium treatment, and in our case this means the Massachusetts state sanatorium at Rut-

land, is that while our patients invariably improve during their stay at such an institution, in many cases they have not learned to apply *in their homes* those methods of living which at the sanatorium they have been taught are essential to their future welfare. A patient who has gained ten or twenty pounds during his six months' stay at the sanatorium goes back to his old occupation and resumes his old method of living in twenty-four hours. Until the sanatoria can bridge this gap, make this interval longer, and the change more gradual, we believe that in most cases among the poorer classes, when proper home treatment can be carried out under close supervision, it is the best. Aside from the medical aspect of this question comes the social one: " Is it wise or safe to break up a family? " as we often have to do when one member is sent away for a long period. This question is one which cannot be decided offhand, but which deserves most serious consideration in every case.

Educational Value of This Work

This year, to a much larger extent than before, our tuberculosis work has been a center from which information has been disseminated throughout Massachusetts and to more distant localities. This has taken place in three ways:

(1) Visitors, doctors, nurses, and laymen have come to our classes and inspected our methods.

(2) Our physicians, nurses, and workers have spoken at meetings and exhibitions where interest in tuberculosis was being aroused (see below, p. 21).

(3) We have sent literature, reprints, reports, charts, record books, report blanks, etc., on application (and such applications have been very numerous) far and wide throughout the country.

Statistics

Our year's total, 130 cases, includes 32 cases which were in the class October 1, 1906, and 98 new cases.

Of those taken since then up to October 1, 1907, 98 cases, there were 37 women, 30 men, and 31 children under fifteen years.

Cases of pulmonary tuberculosis	54
Cases in the pre-tubercular stage	28
Cases with tuberculous glands	3
Cases with eye tuberculosis	8
Cases with discharging sinus	5
Case of lupus	1
	99*

* One case had both eye and lung involvement.

STAGE OF PULMONARY DISEASE IN CASES IN CLASS LONG ENOUGH TO BE CONSIDERED REGULAR MEMBERS.

I. Incipient	12
II. Moderate	12
III. Advanced	16
	40 cases *

LENGTH OF STAY IN CLASS.		TOTAL NUMBER OF DEATHS.	
Under 1 month	17	Total number of deaths	8
1 or 2 months	31	Number of deaths among new cases	3
Over 3 months	50		

Total number of cases restored to working capacity or with disease arrested . . 24

Gains and Losses in Weight

Duration of Treatment.	Number of Cases.	Number who Gained.	Average Gain.	Number who Lost.	Average Loss.	Stationary.
3 months or more in class	49	35	6 lbs.	12	4 lbs.	2 cases
1 to 3 months in class	32	21	4 lbs.	10	2½ lbs.	1 case
Less than 1 month	15	10	2 lbs.	3	1⅓ lbs.	2 cases

Residence of Patients

The following map shows the distribution of the members of our "classes" in the cities and towns near Boston.

* Although there were 54 cases of pulmonary tuberculosis, only 40 were regular members of the class, the other 14 being otherwise referred at once to other sources of help, such as Rutland or the Mattapan Camp.

Summary of Statistics

These statistics show that of the 130 cases treated during the year, October, 1906, to October, 1907 (including 32 cases which were in the class October 1, 1906), 52 had pulmonary tuberculosis, 29 were in what is called the pre-tubercular stage, and 1 had tubercular pleurisy. Of *these*, 8 have died, 24 have been restored to a working capacity or have the disease arrested or apparently cured.

Of 49 cases which were in the class over three months, 37 gained and 12 lost. The average gain of these cases was 6¼ pounds, which is certainly as much as could be expected considering the large proportion of advanced cases.

Care of Tuberculous Children

The children have been treated in three groups:

Group I (twelve cases) consists of children in good physical condition without signs of disease in the lungs, perhaps with a very slight fever, but who are definitely exposed, or have been exposed to tuberculous infection in their homes. These children are visited in their homes and report at the clinic once a week. They generally keep some sort of a record of their home life. At first they are allowed to go to school, but if they do not do well, or if they show any signs of going down hill, are immediately taken out of school and put under a strict régime.

Group II. The thirteen children of this group, while having very slight signs of disease in their lungs, are exposed, like those in Group I, to home contagion of tuberculosis. Such children we try to send away to the country or elsewhere for a period of two months; if this is impossible, we have them made regular members of our class, carrying out, as far as possible, the same treatment which we prescribe for our adult patients,— rest in the open air and forced feeding. Seven of them we have been able to get into the Children's Hospital Convalescent Home at Wellesley, others we have sent to the Burrage Hospital down the harbor, three to the Mattapan Day Camp, one to the Samaritan Hospital Day Camp, and elsewhere. It is our earnest desire that there shall be a place for these children at the permanent day camp now being built at Mattapan on the site of the Boston Consumptives' Hospital. This second group is by far the largest and, to our way of thinking, the most important as well as the most difficult to treat effectively.

Group III (five cases) consists of those children who have open pulmonary tuberculosis with cough and sputum, and generally bacilli in the sputum. This group, though small, is very hard to provide for. At present in Boston there is absolutely no proper accommodation for chil-

dren with open pulmonary tuberculosis. It is to be hoped that this most deplorable state of affairs will not continue to exist very long.

The question of tuberculosis in children we consider one of very great importance. Through coöperation with the Boston Association for the Relief and Control of Tuberculosis and the Boston Associated Charities, there is now being made an examination of all children in whose homes or families there are or have been cases of consumption. While the number of cases we have examined up to date is somewhat small, our figures agree with those of Grancher, who found that eighteen per cent of the four thousand children of tuberculous parents whom he examined were tuberculous and could be put into one of the three classes which are here named. The proper treatment of these children is a problem requiring the most serious consideration; it is one which the city of Boston has not yet taken hold of in the way in which it is to be hoped it will in the near future.

The Effort to Abolish Ourselves

Since the opening of the Boston Consumptives' Hospital Dispensary at Burroughs Place, we have transferred most of our city cases, adults and children alike, to that institution, thus reducing the number of our classes and tending to make our work as it was originally intended to be, a purely suburban one. This is no sign that there has been any diminution in the interest or energy devoted to the home treatment of tuberculosis. It means exactly the opposite, namely, that the suburbs and places at a greater distance from Boston have at last been aroused to undertake the care of their own consumptives instead of sending them to Boston.

In the effort to arouse the suburbs against tuberculosis, Dr. Cleaveland Floyd has spoken at Providence, Medford, Malden, Chelsea, Gloucester, Newton, Brookline, and Canton.

Dr. John B. Hawes, 2d, has spoken at Andover, Brookline, Cambridge, Canton, Chelsea, Fitchburg, Holyoke, Hyde Park, Lawrence, Malden, Newton, Northampton, Salem, Springfield, Quincy, Winchester, and Woburn.

Miss Ellen T. Emerson, 2d, has spoken at Cambridge, Medford, Concord, Newton Center, Roxbury, and Shirley.

Dr. R. C. Cabot has spoken at Ayer, Somerville, Chelsea, Malden, Brookline, Cambridge, Fall River, Providence, Milton, Dedham, East Boston, Lawrence and Haverhill.

Partly as a result of our activities, partly in consequence of the work done by the Massachusetts Commission on Hospitals for Consumptives and the Associated Tuberculosis Committees, organized by Arthur T.

Cabot, president of the Massachusetts Medical Society, partly also owing to the activities of women's clubs, the Associated Charities of various cities and towns, and the interest of various physicians, anti-tuberculosis societies are either formed or in process of formation in Andover, Brookline, Canton, Chelsea, Fitchburg, Haverhill, Holyoke, Hyde Park, Lawrence, Malden, Newton, Northampton, Salem, Springfield, Winchester, Woburn.

Two years ago the only anti-tuberculosis societies in this vicinity were those of Boston and Cambridge.

The Woman's Club of Wakefield has very recently become interested in this subject and it is to be hoped will furnish us with some help. The tuberculosis exhibit recently held at Gloucester will, we trust, arouse that town to a sense of its duties in taking care of its consumptives, so that it will no longer be necessary for us to manage half a dozen cases from Gloucester as we have been doing the past year. Brookline has an active organization, and the Baptist Hospital of Brookline has provided us with a nurse to visit cases in that district.

Many other places, too numerous to mention, during the past year have shown signs of an awakened interest in tuberculosis and a realizing sense of the fact that the hospitals in one large city should not and cannot take care of consumptives outside of their proper limits. What has been done in the above-mentioned list of towns has taken place largely during the past twelve months; if the next twelve months show an equal amount of work done and interest aroused, the problem of the suburban tuberculosis classes will be almost off our hands.

V. WORK FOR THOSE SUFFERING FROM MENTAL AND NERVOUS DISORDERS

The cases of "nervousness," hysteria, morbid fears or fixed ideas, hypochondriacal concentration on the movements or sensations of the heart, stomach, or other organs, "nervous prostration," with torturing worries and discouragement, or with insomnia, nervous dyspepsia and the constant sense of exhaustion, form a group, the "psychoneuroses," that seem to me especially deserving of our sympathy and our aid.

Into any walk of life these maladies bring intense and chronic suffering; indeed, I believe that there is no class of affections, not even the fatal organic diseases, that causes such torture.

But in the poor the matter is often ten times worse and becomes *especially a social problem* for three reasons:

(*a*) Because the patient's family and friends have usually no compre-

hension of the trouble and therefore give no sympathy, but rather reproaches and black looks.

(*b*) Because in poverty the patient's chronic unfitness for work brings serious financial loss and financial worry (thus greatly aggravating the original disease).

(*c*) Because there is no help in sight. The sufferer's family cannot afford many visits to a skilled and humane neurologist or to one of the few general practitioners who have both the ability and the willingness to spend long hours in battling with the depression or the groundless terrors of the psychoneurotic. Sanatorium treatment is usually out of the question. Hospital out-patient departments have not been so organized as to do much good for these sufferers. The physician has not the time, the plant, or the assistance.

Here is a great mass of suffering largely unrelieved at the present time.

Early in 1907 Dr. James J. Putnam and I decided to attack the problem by enlisting the help of social workers trained especially for the treatment of psychoneurotics.

(*a*) "Nervousness," in all its protean forms, is often *a family problem.* Defects in home hygiene, financial and other worries, domestic friction and incompatibilities (real or fancied) between the temperaments of the members of a family, who, accordingly, "get on one another's nerves," must be understood and treated. Hence we must first learn, through the investigation and friendly offices of a trained visitor, what is the *family diagnosis*, the domestic situation, in all its bearings and details. The hospital physician deals with the problem too much at arm's length, too much in vague, general terms, without that knowledge of significant details which gives him grasp and the patient's confidence.

To clear up or alleviate the domestic situation, to see that the physician's directions are faithfully carried out, the visits of our trained psychotherapeutic visitor are invaluable.

(*b*) But any one who has dealt with the psychoneurotic knows the necessity for long and intimate talks, explanations, teachings, trainings, if we are to give real help to such sufferers. It is one of the great services of Dubois' epoch-making book* that he has contrived to give us a profound respect for the healing possibilities of good talk. "I cured him," says Dubois, "in three conversations," and I have not the slightest doubt that he did.

For such heart-to-heart talks our workers have the time and the interest. In such talks they can give (under a physician's direction and guided by some knowledge of current psychotherapeutic literature) *explanation*, *encouragement*, *reeducation* of thought, of emotion, of the senses

* "The Moral Treatment of Nervous Disorders," by Paul Dubois. (Funk & Wagnalls.)

and the muscles, and *suggestion* of that better point of view which the patient needs.

Through such talks (together with home visits) they may win the *friendship*, without which little is often accomplished. Like some chemical reactions, mental healing seldom works "in the cold." Some warmth of feeling on both sides is necessary. If this is not to be attained, we can seldom help. It is a piece of human, friendly helpfulness, not a trick.

During the six months ending October 1, 1907, one of our workers, especially fitted for the work by the fact that she had herself had and entirely overcome a long nervous breakdown, has cared for 50 cases of this group (40 sent from the medical departments, 8 from the neurological, and 2 from other sources). To these 50 patients, assisted by Mrs. Hazlett and by three of our volunteer visitors, Miss Tileston, Miss McCrillis, and Mrs. Page, she made 130 home visits besides 224 interviews with them at the hospital, an average of nearly 7 visits per patient. As these visits were often (and properly) prolonged ones, and as they were followed up by 55 letters sent to and 30 received, it is safe to say that at least ten hours' time was given to each patient, in some cases two or three times that amount.

The results are:

Marked improvement in	30	cases (81 per cent)
No considerable improvement in	7	,,
Unknown result in	13	,,

Encouragement was given to 36, *explanation* to 24, *reeducation* to 16, *advice about hygiene* to 7, *advice about employment* to 7. Of course in most cases these methods were combined.

Psychic treatment for constipation (independent of diet, exercise, or drugs) along the lines suggested by Dubois was given in thirteen cases. The duration of the trouble averaged four years in these cases. One case had lasted eighteen years, another ten years. Cure has resulted in eight of the ten patients whom we have been able to follow up. There have been no relapses up to the present time (January 1, 1908), which averages nine months from the time when treatment was begun.

Eleven out of sixteen patients tormented with *fears* of one or another type were very much helped by psychic treatment.

Rest was secured in one way or another for seven patients, but in most of these cases rest has seemed to us inadvisable, even if it were financially possible, which is not often the case.

Financial aid was secured for three of two patients through the assistance of other agencies.

I will quote from the records of two of our best cases, notas representing our average, but as examples of what we hope for and sometimes achieve.

A down-hearted woman who had had a "slight shock" was sent to the Social Service Department for encouragement and reassurance. The following is a summary for what was done for her:

1. Mental treatment for constipation (complete success, though the trouble had lasted eight months).
2. Encouragement and reassurance at the hospital.
3. A home visit and another long talk.
4. A rest at the Milton Convalescent Home.

Three months later the patient seemed to have an entirely different view of life. She is now cheerful and doesn't worry, either about her physical ailments or her family affairs. To this result the fortnight at the Milton Convalescent Home unexpectedly contributed, for there she found so many worse off than herself that she was enabled to take a truer view of her own worries and to see their relative insignificance.

September 3 came a test of her new-found composure and competence, the hardest test, it seems to me. A "private doctor" visiting a member of her family remarked to our patient, "The doctors in there at the hospital are all wrong if they say that you are getting well. I know better than they. You are a very sick woman."

This time-honored device for making people sick and reaping the benefits thereof was a total failure in our patient's case. She promptly reported the occurrence to Miss Burleigh, but her confidence was unshaken.

December 13. "Is feeling splendidly."

S. B., twenty-nine, happily married, was referred to Miss Clark (our teacher of hygiene) April 16, 1907, that she might ascertain and treat the underlying cause of her "nervousness."

Miss Clark found that besides a good many physical symptoms the woman had a pitiable *obsession*. "She cannot bear to see her husband with a razor, nor to have sharp knives in the house. Throws them away. Knows it is silly, but fears she may kill herself, fears that by thinking of it all the time she may at last do it. Can't read about murders in the newspapers."

Miss Clark explained to her that this obsession was the result of an auto-suggestion, and that the fears which have thus been produced can in the same way be destroyed. She described another similar case and the complete recovery in which it had ended.

The woman was childless and therefore passed much of her time alone and idle. Miss Clark investigated and corrected some obvious hygienic errors, urged her to keep busy (she was soon to be in the country and

could work on her garden), and not be alone more than was necessary. " Then at bedtime put your face in your hands and say to yourself, ' This fear is nonsense; I shall never harm myself or others. I am perfectly sane and am going to get well. There is no more harm in a razor than in a stick of wood.' "

Later the patient reported herself better but found that sometimes just when she was saying to herself, " Well, now I've not had ' that feeling ' all day," unexpectedly the sight of some harmless object, such as a faucet, would " bring it all back." Miss Clark taught her to force the faucet to suggest something *else* and to repeat at such times the auto-suggestion, " Miss Clark says I shall get well, and I will." To keep her company in the long hours alone the patient was given a canary and a small dog.

Ten days later the patient came in looking much better and brighter. She makes the auto-suggestions every night after saying her prayers. It now appears that two years ago, just after undergoing an operation and while still very weak from this, the patient had lost her mother. At the time she could not believe that her mother was dead and her husband had to withhold her forcibly from " taking her right out of the casket."

May 1. " Went on a little spree with the patient " (*i. e.*, swan-boat on Public Garden and luncheon at New England Kitchen! Perilous dissipation!)

May 3. Now " doesn't mind the sight of the razor at all; can have it on the mantelpiece, right near the comb."

May 7. Has done quite a big wash. First time for months. Is ready for the move to the country.

May 28. Writes from Maine to

" Miss Clark, Outer Patients Society Service:

" You would not know me I am looking so well. As long as I live I shall never forget what you have done for me. I thank you from the bottom of my heart."

December 6, 1907. The fear has been gone for months. Is well and happy. " Wants to be working or doing something all the time." Advised: " Now and then after finishing one thing and before taking another, sit in a comfortable chair and relax and think of some pleasant day you had this summer. Go out of doors if you get nervous and tend to rush. Write a list of things and cross them out one by one as you do them."

VI. SEX PROBLEMS

Every year a score of unmarried girls come to the hospital to find out whether or not they are pregnant. Suppose examination shows that

conception has occurred, is the doctor's duty done when he has stated the fact? Suppose the girl's fears are groundless, has the doctor any further duty in the matter?

The first question we have for years answered (theoretically) "yes." That is, when the physician remembered it and was not too busy, he generally gave the girl the address of one of the "rescue homes" in the city. Whether she could or would or did go there, and whether it was well that she should go there, was rarely if ever looked into, so that I have no means of judging whether any tangible good resulted from our intentions in these puzzling cases.

The second question: Have we any duty to a girl exposed to the conditions of pregnancy but not pregnant? is a much harder one. She is simply relieved and glad at the verdict; she asks none of the help for which her less fortunate sister pleads in terror and despair; she gives one no opening. But does she need help any the less? One may doubt it.

Sometimes she has acquired a contagious venereal disease. Then she may ask for help, but only on the physical side, and there it is doubly hard to give it, owing to the barbarous and antiquated regulation which prevents our hospitals from receiving cases of venereal disease, even when innocently acquired (as by a married woman from her husband) and even when most dangerously contagious.

Here, then, are our three sex problems in women:

1. The unmarried girl who is pregnant.
2. The unmarried girl who has escaped pregnancy.
3. The diseased woman, married or unmarried.

For various reasons many girls will not go to any of the "rescue homes" or will not stay there for any length of time, and we cannot with any heart urge them to do so, for our experience goes to make us unsatisfied with this attempt to solve the problem. In such a "home" she is usually idle or very inadequately occupied, and has much time to talk over with others in the same condition their experiences of good and evil, which may be either more or less extensive than her own. Thus she faces her own difficult future in a most unhealthful moral atmosphere which the religious ceremonies of the retreat are not sufficient to cleanse.

What is the alternative?

The Society for Helping Destitute Mothers and Infants works on the plan of boarding girls in families, where they can work, live a normal, unincarcerated life, and avoid the institutional conditions above described. To them we turned at first for aid, but soon learned that the agents of this society were already too much occupied with their stated task of aiding *mothers and infants* to have time for pregnant girls.

March 7, 1907, we referred such a case to the agent of the society.

May 11 we telephoned, "How is she?" Answer: "We are very busy; will let you know later."

October, 1907. Nothing heard from the patient, but from other sources we heard that the girl had had an abortion performed.

Later we were asked by one of the directors of the society not to send them any more cases of this type.

It has become increasingly clear that we must do this work through our own agents, and in the coming year we intend to put the whole time of one worker upon it and to make a thorough study of the best methods of caring for these girls.

In May, 1907, I referred to Miss Burleigh an unmarried girl of nineteen whom I had found to be seven months pregnant. She absolutely and persistently denied the possibility of pregnancy, and her mother, who came with her, was inclined to believe her, as she "had never been a wild girl." Six days later the girl broke down and acknowledged the cause of her trouble and the name of the father of her child. The mother went to see him, but he persistently denied everything.

The girl's father was so angry and ashamed that he would not allow her to stay at home and have her confinement there. We arranged to have the girl taken into the House of Mercy, but she stayed only a day or two and then tried to go back to her home, where her father again barred the way saying that she must go to Tewksbury. As the girl herself was by this time deeply sorry that she had left the House of Mercy, the officials of that institution were persuaded to take her back on probation. Later she went for her confinement to the New England Hospital, whence we received the following report:

"August 31. Baby is two weeks old to-day. It is wonderful to see how her mother-love has developed. She is soon going home with her baby."

October 1. She is at work again at her old position, paying the board of her baby (who is with an aunt) and attending a night school for sewing.

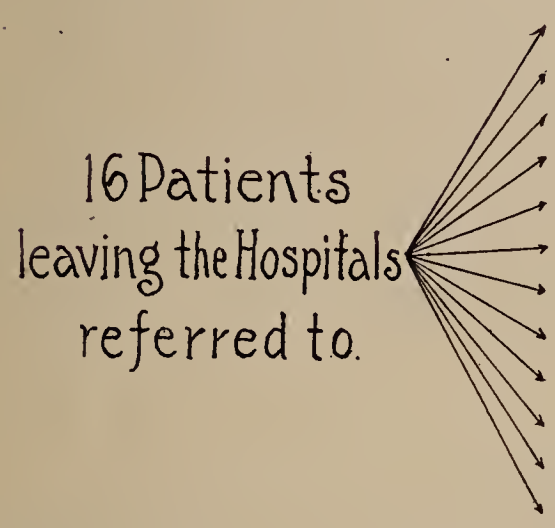
November 13. She writes very happily of herself and her baby in a letter which ends, "I spend all my pocket-money on the baby. Sometimes I almost get discouraged, only I love him so much. I know you would love him if you saw him. Remember me to Miss Burleigh, one whom I can never forget."

Why do we limit the sex problem to women? Why are we doing nothing to combat immorality and venereal disease in men? Simply because we have as yet no idea how to attack the problem. Many suggestions have been offered, but none that seem to us valuable.

VII. WARD WORK

The social work of this hospital chanced to begin in the Out-Patient Department because those chiefly interested in it were members of the out-patient staff and happened to have their social consciousness pierced by the needs of the out-patients with whom they were dealing. But the ward problem is probably as great, and in other cities (Chicago and New York) social work has begun there.

1. To prevent patients from being "dumped," after discharge, into a boarding house or tenement, where they are sure to lose what they have gained in the hospital, or to suffer a slow, uphill, and faulty convalescence, is the obvious business of whoever cares that treatment should be worth what it costs the hospital, the patient, and his family.* For lack of proper "*after-care*," ward treatment is not infrequently a total or partial failure. The cure interrupted in the middle, the sudden transition from hospital conditions to home conditions, means the spoiling of a good job, a waste of the money by the patient and the hospital, and sometimes chronic invalidism. This problem has been on our minds since October, 1905, but it was not until April 1, 1907, that Miss Margaret Warren took charge of the ward work. To prevent that disastrous "jolt" in the transition between hospital life and ordinary working health, she secured for patients referred to her the help of the following agencies:



Boston Associated Charities	3 cases
Samaritan Hospital	3 ,,
Little Sisters of the Poor	1 case
Welcome House	1 ,,
Soc'y for Helping Mothers and Infants	1 ,,
Children's Aid Society	1 ,,
Children's Mission	1 ,,
Channing Home	1 ,,
House of the Good Shepherd	1 ,,
Women's Educa. and Industrial Union	1 ,,
District Doctor and Nurse	1 ,,
Suburban Tuberculosis Class	1 ,,

After arranging for the patient's physical "after-care," Miss Warren sometimes kept in touch with them by letter for months. This *psychical* "*after-care*," especially important in surgical cases, is, I believe, one of the most valuable parts of our work. It is really amazing how grateful patients are for such letters.

2. "*Cheer up*" *visits* to ward patients who have no other visitors or who are especially forlorn may be an important part of their treatment,

* Our Waverley Convalescent Home is designed to meet this need, but is entirely inadequate for the purpose.

whether the ultimate outlook is favorable or not. This has long been the task of the lady visitors of the hospital, but there is no end to such work, — plenty for us all. Nineteen of Miss Warren's cases were of this kind.

3. "*Ether cases.*" Patients who are to be operated on sometimes dread the administration of ether far less if they know that they can count on having a familiar face and a friend's encouragement to lessen the horror of losing consciousness while wholly in the control of strangers.

In pursuance of these ends, Miss Warren made, between April 1 and October 1, 1907, 205 ward visits on 60 patients.

This work is still in its infancy. Probably the whole time of one person, a person with tact and discretion guiding the impulses of keen sympathy, should be devoted to ward visiting.

A man injured in an accident on the Boston & Albany Railroad had a family in Newton whose needs were brought at once to our attention by the Newton Associated Charities. They reported that the railroad would care for the patient's family during his illness provided he did not bring suit. Meantime an agent "from a lawyer named Whipple" visited the patient and urged him to sell his case (*i. e.*, the possible money to be obtained from the railroad company by lawsuit) to Whipple for $1,000. The patient was urged not to do this nor to bring suit. His family was well cared for, he recovered, and was at work again when we last heard from him.

A woman in the ward for a broken leg was referred to us February 12, 1907, as one who "may need some help." We found that she was an alcoholic widow, well known to the Associated Charities, and that her children had already been taken in charge by the Society for the Prevention of Cruelty to Children. We arranged that she should be kept at the Waverley Convalescent Home until she was thoroughly well and then sent to her home, in charge of the Associated Charities.

Hygiene Teaching

Hygiene is half of the treatment of medical cases in hospital work. But hygiene cannot be given like a drug or applied like a plaster. It must be *fitted* to the individual's needs and character. It must be *taught* and *practiced*. It needs, therefore, a teacher, — one who can give time and interest and thought to each patient.

This for over two years Miss Mary O. Clark has given to patients sent by the physician to the desk where she is on hand two mornings a week. This year she has had charge of fifty-six cases. The hygiene of work and rest, the problems of faulty diet, menstrual disturbances and patent medicines, exercise, fresh air at night, the care of the bowels, school prob-

lems connected with health, mental hygiene, — these and similar matters engage Miss Clark's attention in her talks with patients.

Perhaps her most brilliant success this year has been in the field of mental hygiene. The case is described in detail on page 25.

VIII. PROGRESS TOWARD HUMANER CONDITIONS IN HOSPITAL WORK

A. In my last report, under the heading of "*Hospital Hunger*," I referred to the fact that many patients leave home very early in the morning and are kept late at the Out-Patient waiting their turn for examination, so that they may be very much exhausted, almost faint with hunger, by the time the doctor has finished his work. For such patients there has never been any way of getting a luncheon without walking a considerable distance from the hospital.

During the past year a lunch-counter has been established in the Out-Patient Department at which patients can buy for five cents a good-sized meal of milk, crackers, and cheese.

B. "*Yellow literature in the wards*" has been a problem very unsatisfactorily solved in the past years. The patients' reading has consisted chiefly of the most sensational daily newspapers and dime novels. It is true that we have had for many years a well-equipped hospital library, but there has been no adequate means for getting the books to the patients, who are often quite ignorant of their existence or unwilling to burden the already overworked nurses by asking them to go for books.

During the past year the lady visitors of the hospital have arranged that groups of books should be kept circulating through the wards, so that they might be at hand and tempt patients to read. This is a great improvement over the very unsatisfactory system which has been in vogue for so many years.

C. We have almost secured the abolition of the practice of discharging patients from the wards without adequate knowledge of their plans and prospects for recovery. I described in my last report the then immemorial hospital custom of discharging patients from the hospital without making such careful inquiries as would make sure that the good accomplished by their stay in the wards should not be undone in the first few weeks at home. The need for a link between the hospital and the outside world has long been obvious. For the lack of it, I am sure that the hospital has wasted much money in treating over and over again patients who relapse every few months into the same condition from which the hospital has recently rescued them, — relapse because of the lack of

any "follow-up" system. Apparently home or Tewksbury have been practically the only alternatives in the minds of our hospital officials.

Since our last report, our ward visitor, Miss Warren, has been able to get in touch with a considerable number of patients about to be discharged from the hospital and to arrange that their recovery shall not be marred by the jolt of transfer from the hospital to their next abiding place. The details of this work are further described on page 29.

D. Under this same heading I may mention our work in connection with a case of leprosy which was suddenly discovered in the Out-Patient last spring. Conceive, if you can, the situation of a woman suddenly confronted with the prospect of isolation for life, and with the terrors associated with the word "leprosy." All this in a hospital and among strangers. The health regulations forbade her leaving the hospital or even the room in which she was for the time being confined until preparations could be made to send her straight to Penikese Island, where in all probability she must pass the rest of her life.

The plight of this woman was not reported in any way to our workers, but Miss Farmer fortunately heard of it and sought her out. First she brought her some crackers and milk, of which she stood very much in need; next she got into communication with the patient's friends and with the house in which she was acting as domestic, so that clothes for her journey might be procured. The patient was almost pathetically grateful for these simple services and went off to her long imprisonment apparently much comforted. But before she went it was arranged that we should do what we could to send her newspapers and books written in her own language, as she was fond of reading. She came from Russia, and we assumed that Russian books and papers were what she needed. Accordingly we called upon the Russian consul, who referred us to Mr. Joseph Michelman, an attorney of Pemberton Building, who told us that the patient was probably not Russian, as there were no Russian peasants in the province from which she came. He advised us to send her some specimens of Russian, German, and Lettish papers and thus to ascertain which she needed. For these papers he referred us to the Rev. A. H. Biewend, of Roxbury, and thither our visitor, Mrs. Hazlett, went. She found that the Rev. Biewend was on his vacation, but not willing to be thus balked, our visitor hunted up the janitor of his church, who showed her the house of a Lettish family nearby. At this house Mrs. Hazlett obtained Lettish and German papers, which were sent to the patient, together with a letter to my classmate, Dr. Louis Edmunds, physician to the lepers at Penikese, with the request that he would find out what language the patient was able to read. He did so and wrote us that Lettish was her language. When the Rev. Biewend returned from his

vacation we applied to him for Lettish literature and papers and were by him referred to H. Rebane, Esq., in charge of a Lettish mission in Jamaica Plain. From him at last we got what we wanted, and letters of gratitude from the patient and from Dr. Edmunds assure us that it was well worth while.

We were later able to establish communication with several of her friends and former employers, who took a great interest in her pitiful plight and promised to keep her well supplied with letters.

I have described this case in detail to illustrate the kind of persistence in " following-up " needed in many cases which come to our notice. The same point is further emphasized by the case of Mary McK., a girl of sixteen, who was referred to us by one of the charities of Boston, that we might obtain her admission to some hospital for the cure of a long-standing infantile paralysis. From July 17 till December 31, 1907, our workers were plying back and forth between the over-driven hospital authorities (who promised to admit her " at an early date," but have had to postpone that date again and again), and the poor discouraged patient, who was again and again on the point of giving it all up and refusing to face any longer the terror of an operation. January 8, 1908, this girl was finally operated on with a very satisfactory result. There were fifteen visits and interviews on this case.

IX. MAKING HOSPITAL TREATMENT EFFECTIVE

1. A woman needed treatment at the Out-Patient for joint trouble. She lived so far off that the journey to and fro undid the good of the treatment. We arranged that she and her family should move to a house nearer the hospital. Later she needed plates for flatfoot but could not pay for them. We loaned her the money, which she repaid by instalments. Still later, when she had to enter the hospital for ward treatment, we investigated her financial condition at the request of the hospital authorities and reported favorably on her application for a free bed. As a result of this treatment, the good effect of which was prolonged and completed at the Waverley Convalescent Home, she recovered.

2. A woman with a baby at the breast, but too sick to nurse it, needs to enter the hospital at once. Her sister is willing to care for her elder children, but what about the baby? We arranged with the District Nursing Association to care for the baby, superintend its weaning and artificial feeding while the mother was in the hospital. This work enabled the mother to enter the ward within a few hours of the time when she was brought to our department. We followed up the family at home, found that the baby was being excellently cared for and

were thus able to keep the mother's mind at rest. She recovered and left the hospital in two weeks.

X. THE PROBLEM OF "SCANTY SUBURBAN SELF-HELP"

An externe brought to our department an old lady living in West Bridgewater who needed massage for her shoulder joint. Of course she could not come to and fro for treatment at the hospital. Could we secure treatment for her at home? We communicated with Dr. F. J. Ripley, of Brockton. Later the patient wrote to us a very grateful letter, saying that though Dr. Ripley had not been able to find any one in Brockton who "would do it socially" (*i. e.*, for nothing), he had secured some one at a $1.50 per treatment. "And now I am happy to state that I am cured."

Another woman was sent us, thoroughly tired out by her efforts to support her paralyzed husband. Our problem was to find some way of caring for him while she could be sent to St. Luke's Convalescent Home for a rest. This we made several efforts to do. We wrote first to a doctor in the town and later to Sister Laura, and finally to a minister, but got no help from any of them. Finally the husband went to stay with his sister for a time and the wife went off to Nova Scotia for a rest with some of her family.

A man from Stoneham came to the Out-Patient Department for cough and fever, which proved to be due to pneumonia. It was imperative that he should enter the hospital at once, but he had a wife and four children to support. We communicated with the Helpers' Circle of Stoneham, and the family was visited and found to be getting along fairly well. Through the Helpers' Circle we kept in touch with the family, reported their condition to the patient in the ward and his condition to them, thus relieving anxiety on both sides. The patient made an uneventful recovery.

XI. THE NEED OF A BUREAU FOR THE HANDICAPPED

In my last report I touched on the need of finding "Work, or Change of Work," for many of our patients. This need has become more urgent in the past year, and meantime the proper way of meeting it has been worked out through the efforts of Dr. Theodore C. Janeway, of New York, who last year obtained work through the bureau established by him for over five hundred patients industrially handicapped by such burdens as the loss of an arm, a leg, by phthisis, rheumatism, deafness, and other complaints. To find work for such sufferers is like fitting a peg into a hole:

you must study the peg and the hole. The whole time of at least one paid worker must be given to ascertaining:

(*a*) Exactly what work the patient is still genuinely fitted for, despite his handicap. Without assurance on this point, it is impossible to establish among employers a deserved confidence in the bureau.

(*b*). What employers can be interested by personal interview sufficiently to understand that we are not trying to foist incapables upon them, but to furnish an employee perfectly fitted for the job in question, though unfitted by his injury for his old job.

This is the only systematic and effectual way to find jobs for handicapped patients, and it obviously demands more time and money than can be given by any existing society in Boston. Some of our struggles in the effort to solve this problem are illustrated by the following case:

An old man with a weak heart was sent us with the request that we get him a lighter job. He had no children and expressed the wish to go with his wife to the Home for Aged Couples; but it turns out that is impossible because he is three years under the age limit (sixty-five), as well as for other reasons. He has been twenty-four years in the Custom House service, where the officials are good to him and favor him all that they can, but there are really no light jobs there that he can do. With the recommendation from Mr. Safford of the Custom House, we sent him to the State Free Employment Bureau, but he got nothing out of it. Later we heard of a place as a night watchman, but discovered that night watchmen in the government employ must pass a civil service examination, which he could not do, while for most positions as night watchman for private concerns a fireman's license is necessary, as it saves the concern insurance. On the whole, we accomplished nothing substantial for this patient, and he was still looking for work when we last heard from him.

XII. RESEARCH WORK

In my last report I referred to three researches on which we hoped to report later:

I. The causes and types of neurasthenia among the Jews.

II. Dr. John F. Russell's methods for the treatment of phthisis in patients who cannot leave their work.

III. What can be done to stimulate the suburbs to care for their sick and needy?

To carry out the first of these plans, I asked Mr. H. Morison, a third-year student in the Harvard Medical School and a member of the Jewish race, to investigate in their homes the cases of fifty Jewish neurasthenics who had been patients at the hospital, and to find out so far as he could:

(*a.*) Whether their symptoms differed much from those present in neurasthenics of other races.

(*b.*) Whether their symptoms were due to the change of conditions involved in leaving country life in Russia and taking up city life in America.

(*c.*) Whether their home conditions were especially unhygienic or otherwise undesirable.

Mr. Morison has made a very thorough study of these questions and reported his answers in an article published in the *Boston Medical and Surgical Journal*, December 19, 1907.

The most enlightening feature of this research was the fact that most of the patients seen by Mr. Morison a year or two after the time when they were treated at the hospital appeared to be practically well, although many of them had seemed especially hopeless and chronic when studied at the hospital. For the details of Mr. Morison's research, the reader is referred to the article above mentioned.

To *investigate the details of Dr. Russell's treatment*, whereby he claims to be able to cure phthisis in working men without making them give up their work or lose their wages, I asked Dr. Cleaveland Floyd (who with Dr. Hawes had been devoting himself to the study and care of tuberculosis at the Massachusetts General Hospital and at the newly established Municipal Dispensary for tuberculosis) to spend a week in New York and look into the matter at first hand, himself examining the patients and observing the methods. This he did and reported in substance that while many patients undoubtedly did very well under the treatment, many others were refused treatment because they did not succeed in gaining weight as Dr. Russell required that they should under his regimen. A more serious obstacle to the treatment was its expense, which was so great, owing to the large amount of food required, that few of our patients could afford it. For these reasons, and also owing to the fact that it was impossible for us to maintain the amount of personal care and supervision given to his patients by Dr. Russell and his assistant nurses, we gave up the hope of applying his very attractive-sounding methods to our clinics.

The *stimulation of the suburbs towards self-support* in the matter of the care of the sick and needy was obviously matter calling for a preliminary survey of the existing resources of the suburbs for the prosecution of these ends. This survey was made for us by Miss Ida M. Cannon, then a student in the Boston School for Social Workers, and her catalogue of suburban resources has since then been an invaluable part of our working plant and has enabled us to procure help for many of our patients from sources which otherwise would have been unknown to us. The work which we have done in the endeavor to fill the needs and vacancies re-

vealed by Miss Cannon's survey has been almost exclusively in the field of tuberculosis and is described on page 21.

Researches Planned for the Coming Year

I. *Varicose Ulcers.* How far is our present treatment of them successful, and what can be done to improve it?

II. How can work be secured for patients handicapped by the loss of an arm? by a tendency to pulmonary tuberculosis or otherwise? In other words, the problem of *work for the maimed.*

Records and Their Arrangement

It is my ambition to make the records of this department combine what is best in the method and point of view of the social worker and of the doctor. I am convinced that in the study and in the recording of cases, each of these professions can learn much from the other, and I want our records to be the proof of that fact.

By the generosity and with the constant help of Miss E. P. Hamlen, we have this year installed our records in a very satisfactory cabinet, and have saved a great deal of time and work thereby.

XIII. FINANCIAL STATEMENT

From October 1, 1906, to October 1, 1907

I. For the Work, excluding the Suburban Tuberculosis Class

Receipts		*Expenditures.*	
Donations	$2,505.60	Salaries	$2,387.27
Donations for speeial purposes	1,203.50	Relief	135.95
Sale of reports	17.60	Supplies (paper, stamps, typewriter)	129.78
		Traveling expenses and telephones	63.77
		Miseellaneous (Annual Report, $114.97)	143.19
		Balanee, cash on hand Oetober 1, 1907	866.74
Total	$3,726.70	Total	$3,726.70

II. For the Suburban Tuberculosis Class

Receipts		*Expenditures*	
Donations	$945.10	Salaries	$461.26
Donations for special purposes	115.15	Relief	144.41
Sale of supplies	212.29	Supplies (books, eups, thermometers, napkins)	339.24
		Carfares	50.86
		Miseellaneous (Annual Report, $141.35)	170.55
		Balance, cash on hand Oetober 1, 1907	106.22
Total	$1,272,54	Total	$1,272.54

XIV. ACKNOWLEDGMENTS

Though it cost $4,026.28 to finance this work during its second year, or over twice as much as it cost last year ($1,831.35), the money has all been supplied by the generosity of the donors whose names appear below, so that the treasurer has not been obliged to make up any deficit. To all these donors we are grateful for the opportunities which their sympathy and public spirit have made possible.

Of our workers I can only say that it has never been my fortune to know so warm-hearted, so efficient, so devoted a group. They are a constant inspiration to me and to all who are so fortunate as to know them.

Contributions for the Work of the Suburban Tuberculosis Class

Mrs. Shepherd Brooks	$300.00	Mrs. J. Sullivan Howe	$100.00
1902 Sewing Circle	50.00	M. P. R.	10.00
Judge Frederick Dodge	25.00	Miss Ellen V. Smith	100.00
Mrs. Frederick Gay	50.00	Miss Helen W. Tinkham	10.00
Miss Elizabeth Hamlin	10.00	Anonymous	5.10
Miss Maria E. Haskins	25.00		
A Friend	250.00	Total	$945.10
N. S.	10.00		

Contributions for Special Purposes

Friend	$10.00	Mr. John S. Cullen	$7.65
Friend	4.50	Miss Ellen Emerson,	
Mrs. E. W. Grew	15.00	Worker's donation	5.00
Scots' Charitable Society	10.00	Anonymous	1.00
Mr. James Downs	5.00	Anonymous	9.50
Provident Association	10.00		
Mr. Laurence Minot	25.00	Total	$115.15
Dr. F. G. Peabody	12.50		

Donations for the General Purposes of the Work

Mr. Edward B. Alford	$10.00	Mrs. C. P. Curtis	$5.00
Miss Martha A. Alford	10.00	Mrs. J. F. Curtis	5.00
Mrs. James B. Ames	10.00	Mr. Andrew M. Davis	25.00
Miss Mildred Barnes	20.00	Dr. Lincoln Davis	10.00
Miss M. L. Beebe	10.00	'93 Sewing Circle	55.50
Miss Annie D. Blake	25.00	Dr. Hasket Derby	10.00
Mr. J. A. L. Blake	15.00	Miss Louisa L. Dresel	5.00
Miss Louise W. Brooks	20.00	Mr. R. S. Douglas	30.00
Mr. and Mrs. Allston Burr	10.00	Mrs. G. W. W. Dowe	5.00
Mr. Charles M. Cabot	100.00	Miss Mary J. Eaton	10.00
Dr. Richard C. Cabot	18.43	Mr. Francis Wright Fabyan	200.00
Mr. Horace D. Chapin	10.00	Miss Gertrude L. Farmer	60.00
Mr. James H. Clark	10.00	Mr. William P. Fisher	15.00
Mr. George W. Coleman	3.00	Mrs. R. E. Forbes	20.00

Mrs. William H. Forbes	$25.00	Miss Eleanor S. Parker	$25.00
Friend	40.00	Miss Sarah S. Perkins	10.00
Miss Eugenia Gardiner	25.00	M. P. R.	25.00
Mr. Robert H. Gardiner	25.00	Dr. Charles L. Scudder	5.00
Mrs. Bryant B. Glenny	100.00	Miss Annie L. Sears	10.00
Mr. Charles P. Greenough	25.00	Mrs. Philip Sears	20.00
Mr. Prescott F. Hall	25.00	Mrs. Frederick C. Shattuck	50.00
Miss Elizabeth Hamlin	.50	Mrs. G. H. Shaw	41.17
Miss Harriet S. Hazletine	3.00	Mrs. Quincy A. Shaw	300.00
Mrs. F. L. Higginson	50.00	Dr. F. P. Sprague	25.00
Mr. Louis Holman	2.00	The Misses Stevenson	25.00
Miss Ellen S. Hooper	10.00	Mrs. F. E. Sweetser	2.00
Mr. James S. Howe, Jr.	5.00	Mrs. Nathaniel Thayer	100.00
Miss Rosalind Huidekoper	25.00	Mrs. J. G. Thorp	10.00
Miss Marion Jackson	50.00	Mrs. W. W. Vaughan	5.00
Mrs. Horatio A. Lamb	50.00	Mr. Grant Walker	50.00
Mrs. Henry Lee	500.00	Miss Ellen M. Ward	10.00
Miss Georgina Lowell	10.00	Miss Mary Woodman	20.00
Miss Julia Lyman	30.00	Anonymous	10.00
Miss Mabel Lyman	5.00	Anonymous	5.00
Miss Annie B. Melick	5.00	Anonymous	5.00
Mrs. Helen B. Merriam	5.00		
Mrs. Walter Gilman Page	10.00	Total	$2,505.60

Contributions for Special Purposes

Anonymous	$10.00	Minot Fund	$25.00
Anonymous	3.50	Through Mrs. W. G. Page	50.00
Anonymous	7.00	Dr. William H. Smith	25.00
Mrs. Field	3.00		
Mr. Laurence Minot	20.00	Total	$143.50

Psychiatric Clinic

Dr. Richard C. Cabot	$60.00
Miss F. P. Mason	1,000.00
Total	$1,060.00